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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/249,198 03/21/2003 PAT 6,983,889

*Yes*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*No*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 6	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Sh</i>			

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TITLE

Installation of a retrofit HVAC zone control system

FILING FEE  RECEIVED 421	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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